

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155446		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2011	
NAME OF PROVIDER OR SUPPLIER COVINGTON MANOR HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5700 WILKIE DRIVE FORT WAYNE, IN46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for investigation of Complaint IN00089809.</p> <p>Complaint IN00089809 substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: May 5, 6, 7, 9, 2011</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Survey team: Sheryl Roth RN TC Sue Brooker RD Rick Blain RN (May 5, 2011)</p> <p>Census bed type: SNF/NF: 134 Total: 134</p> <p>Census payor type: Medicare: 17 Medicaid: 87 Other: 30 Total: 134</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 5-10-11 Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician orders were followed for not removing a splint/boot/cast for 1 of 1 residents reviewed with splint/boot/cast in a sample of 3 residents. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 5/5/11 at 1:30 p.m. The record indicated Resident #C's diagnoses included, but were not limited to, diabetes mellitus, osteoarthritis, osteoporosis, legally blind and fractured distal fibula (leg).</p> <p>A telephone order, dated 4/19/11 for Resident #C, indicated the</p>		F0282	<p>1. As stated in the 5/6/11, Resident #C's care plan was updated and staff received education on the physician orders specific for the resident's boot on 4/27/11.</p> <p>2. Residents with orders for splint/boots/casts were audited to ensure physician orders were being followed and were included on the plan of care in the nursing staff computer system (Attachment A). No other issues were identified.</p> <p>3. Nursing staff were educated on following physician orders for splint/boot/cast application (Attachment B). Nurses were educated to inform the aides of resident changes via updating the plan of care in the computer system when applicable (Attachment C). Unit managers will audit compliance through Change of Condition audit 5x weekly (Attachment D).</p> <p>4. Results of audits will be forwarded to Q&A for tracking and trending monthly the 3 months then quarterly thereafter.</p>		05/23/2011	

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	<p>resident was to wear a boot to her right leg at all times and to protect the boot with a bag when in the shower.</p> <p>The ADL (activities of daily living) plans of care for Resident #C was reviewed on 5/6/11 at 7:37 a.m. The plan of care indicated the resident was to have an immobilizer/brace to her right foot and that it was not to be removed. The plan of care further indicated to cover with plastic when showering. The active date of the note was listed as 4/27/11 to 5/10/11.</p> <p>A "Resident Concern Report," dated 4/27/11 and signed by Resident #C's family member was provided by RN #1 on 5/6/11 at 10:20 a.m. The report indicated the following: when visiting with [relation to resident documented] today we noticed that she [resident C] was not wearing the sock provided by (name of local orthopaedic office) under her cast. The doctor's orders were that the</p>						

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	<p>cast/boot remain on her right leg until the follow up appointment on May 3rd. Instructions were to cover the cast with a plastic bag during her showers. The note further indicated it was obvious that the cast had been removed because the sock placed on her leg by (name of local orthopaedic office) was gone and the straps on the cast were not pulled up snug. "Why was the cast removed which is contraindicated by doctor's orders? (The cast was not put on correctly). What happened to the sock?"</p> <p>The follow up to the "Resident Concern Report" of 4/27/11, provided by RN #1 on 5/6/11 at 10:20 a.m., indicated during the investigation, the stocking was located and physical therapy put the stocking back on Resident #C and reapplied the boot. The note further referenced that staff were educated regarding the need to communicate the resident's care plan and that the nurse was educated to tell/remind the aides not to remove the boot</p>						

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	<p>without talking to the nurse.</p> <p>The package insert for the boot/cast for Resident #C was provided by the Director of Nursing on 5/6/11 at 10:30 a.m. The insert listed the following: "...application information: (a cotton or cast sock will enhance comfort...correct application is vital to the proper functioning of the device...."</p> <p>CNA #2 was interviewed on 5/6/11 at 11:25 a.m. During the interview, the CNA indicated she wasn't aware she was not supposed to take the boot off because it did not come across her headset. CNA #2 indicated the care a resident needs comes across their headsets that they wear. She further indicated the other CNA she works with, that has been at the facility for the past seven years, usually removes splints for showers.</p> <p>This Federal tag relates to Complaint IN00089809.</p>						

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